

Wisconsin Medicaid and BadgerCare update

October 2001
PHC 1825

Wisconsin Medicaid and BadgerCare Information for Providers

Wisconsin Medicaid restricts billing recipients

Medicaid providers must not seek payment from Medicaid recipients for Medicaid-covered services, except for copayments.

Inside this Update:

Wisconsin Medicaid restricts billing recipients

What's new on the Medicaid Web site

Reminder: Electronic claims submission schedule for November 2001

Wisconsin Medicaid and BadgerCare HMO Ombudsmen

Providers prohibited from billing recipients for Medicaid-covered services

Under federal and state laws, a Medicaid provider must *not* seek payment from a recipient, or other person on behalf of the recipient, for services that are *covered* under Wisconsin Medicaid¹ even if:

- The provider fails to meet Wisconsin Medicaid program requirements or fails to comply with program policy and is denied Medicaid reimbursement.
- There is a difference between the provider's normal charge for a service and the Medicaid reimbursement to the provider for that service.
- The provider fails to seek or fails to obtain necessary prior authorization (PA) to perform the services and is denied Medicaid reimbursement.

See the exception to this requirement under "Fee-for-service recipient copayments."

Under state and federal laws, if a provider knowingly requests payment from an eligible recipient, or from anyone else on behalf of the

recipient, for Medicaid-covered services, except for any required Medicaid copayment amounts, that provider is subject to program sanctions including termination of Medicaid certification. In addition, the provider may also be fined not more than \$25,000, or imprisoned not more than 7 years, 6 months, or both, per s. 49.49(3m), Wis. Stats.

Provider responsibilities when billing recipients for noncovered services

Wisconsin Medicaid will only reimburse providers for Medicaid-covered services. If a recipient requests noncovered services (including services for which PA was denied), then he or she is responsible for payment *only* if the provider informs the recipient *prior* to performing the service that it is a noncovered service and, therefore, he or she will be responsible for payment. If the noncovered service is separate or distinct from a related covered service, such as anti-glare coating put onto eyeglasses that are covered, the recipient is only responsible for the noncovered service if he or she is informed prior to receiving that service.

If a recipient requests and agrees to pay for a noncovered service, the provider and recipient should make payment arrangements for that service.

Fee-for-service recipient copayments

Providers who perform services for fee-for-service recipients that require recipient Medicaid copayment are required to make a reasonable attempt to collect that copayment from the recipient, unless the provider determines that the cost of collecting the copayment, coinsurance, or deductible exceeds the amount to be collected. Providers may not waive the recipient copayment requirement. Providers may not deny services to a recipient for failing to make a copayment.

Providers must not charge a copayment to recipients enrolled in managed care programs.

Retroactive eligibility

If an individual who has already paid for services he or she has received is determined to be retroactively eligible for Wisconsin Medicaid, a Medicaid-certified provider must bill Wisconsin Medicaid for covered services provided to the recipient during periods of retroactive eligibility. If a claim cannot be filed within 365 days of the date of service due to a delay in the determination of a recipient's retroactive eligibility, the provider is required to submit the claim to Late Billing Appeals within 180 days from the date of retroactive eligibility, if the services provided during the period of retroactive eligibility were Medicaid covered.

If a provider receives reimbursement from Wisconsin Medicaid for services provided to a retroactively eligible recipient, then the provider is required to reimburse the recipient, minus the copayment amount. The provider is not required to reimburse the recipient more than the amount paid by Wisconsin Medicaid according to 106.04(3)(b), Wis. Admin. Code.

For more information

Providers

HFS 104 and 106, Wis. Admin. Code, and the All-Provider Handbook contain further information regarding provider rights and responsibilities, and recipient rights. If you have further questions, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

Recipients

If a recipient has questions about recipient rights or responsibilities please refer him or her to Recipient Services at (800) 362-3002.

This article was originally published in the *Wisconsin Medicaid Update* in July 1999.

¹ Please refer to HFS 107, Wis. Admin. Code, and to the appropriate service-specific handbook for a detailed discussion of services covered by Wisconsin Medicaid.



What's new on the Medicaid Web site

The Wisconsin Medicaid Web site includes provider and recipient publications, Medicaid contacts and statistics, and eligibility and benefit information. You may visit the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

The following is a list of what has recently been added to the Medicaid Web site:

- October 2001 *Wisconsin Medicaid and BadgerCare Update*.
- Updated Medicaid and BadgerCare caseload statistics.
- Updated Disposable Medical Supplies Index/Maximum Allowable Fee Schedule.

Providers who perform services for fee-for-service recipients that require recipient Medicaid copayment are required to make a reasonable attempt to collect that copayment from the recipient.

- New/Revised recipient publications.
 - ✓ “Choosing your HMO” booklet.
 - ✓ “Wisconsin Medicaid and BadgerCare HMO Ombuds” brochure.
 - ✓ “Eligibility and Benefits” handbook.
 - ✓ Medicaid recipient fact sheets.

Keep in mind that if you do not have a computer with Internet access, many libraries have access available. ✦

Reminder: Electronic claims submission schedule for November 2001

Wisconsin Medicaid will not accept electronic claims on Thursday, November 22 and Friday, November 23, 2001. Electronic claims must be received by Wednesday, November 21 to be included in the processing cycle that weekend.

The Wisconsin Medicaid and BadgerCare HMO Ombudsmen (“Ombuds”) are resources for Medicaid and BadgerCare HMO enrollees who have questions or concerns about their HMO.

Providers who use a vendor or clearinghouse for electronic claims submission purposes should contact them for their holiday schedule. Vendors and clearinghouses are notified, upon request, of Wisconsin Medicaid holiday schedules.

This *Update* article contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. ✦

Wisconsin Medicaid and BadgerCare HMO Ombudsmen

This *Wisconsin Medicaid and BadgerCare Update* article explains that providers may direct Wisconsin Medicaid and BadgerCare HMO enrollees to the Medicaid and BadgerCare HMO Ombudsmen (“Ombuds”) if they have questions or concerns about their HMOs. This *Update* also contains the following information:

- When enrollees should contact the HMO Ombuds.
- Responsibilities of the HMO Ombuds.
- Information about the HMO Ombuds brochure.
- How to contact the HMO Ombuds.
- Other resources for enrollees and providers.

HMO Ombudsmen available to HMO enrollees

The Wisconsin Medicaid and BadgerCare HMO Ombudsmen (“Ombuds”) are resources for Medicaid and BadgerCare HMO enrollees who have questions or concerns about their HMO. Providers may inform HMO enrollees that the Ombuds are available to help them. Enrollees may contact the Ombuds for the following reasons:

- Their Medicaid or BadgerCare HMO is billing them for services provided during the time of enrollment.
- They are unsure of their enrollee rights.
- They are unable to get a Medicaid-covered service from their Medicaid or BadgerCare HMO.
- Their Medicaid or BadgerCare HMO has denied, reduced, or stopped Medicaid-covered services.

- They felt they were treated unfairly or disrespectfully.

Responsibilities of the HMO Ombuds

If a Medicaid or BadgerCare HMO enrollee contacts the Ombuds, the Ombuds will do the following:

- Research and assist in resolving enrollee grievances about the care or services provided by Medicaid and BadgerCare HMOs.
- Help Medicaid and BadgerCare HMO enrollees with grievances made by telephone or in writing.
- Help Medicaid and BadgerCare HMO enrollees understand their rights and responsibilities.
- Represent enrollee rights with Medicaid and BadgerCare HMOs.
- Act as a fair and impartial go-between.

HMO Ombuds brochure available for HMO enrollees

A brochure, titled “Wisconsin Medicaid and BadgerCare HMO Ombuds,” is available for Medicaid and BadgerCare HMO enrollees. The brochure is included in Wisconsin Medicaid and BadgerCare HMO enrollment packets and is also sent to all enrollees after two months of enrollment in an HMO. The brochure explains the role of the HMO Ombuds and contains contact information. It also provides basic information on enrollee rights and how to file grievances.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a reproducible, black and white sample of this brochure. Providers may photocopy the sample brochure for HMO enrollees or use it for their

own information. To order copies of the original color brochure, call (800) 760-0001.

To view or print an electronic version of the brochure, providers should do the following:

1. Go to Wisconsin Medicaid’s Web site at www.dhfs.state.wi.us/medicaid/.
2. Select *Medicaid Recipient Publications*.
3. Scroll down to the *HMO and Managed Care Information* heading.
4. Select the Portable Document Format (PDF) or text-only version of the brochure from the *Wisconsin Medicaid and BadgerCare Ombuds Brochure* heading.

Portable Document Format version

A PDF-formatted publication has the following characteristics:

- Downloads to the computer and is viewable on Adobe Acrobat® Reader, which may be downloaded for free from the Adobe Web site at www.adobe.com/.
- Saves in original print format, including all original graphics and fonts.
- Prints out a color or black and white replica of the original document received in paper copy, depending on the type of printer being used.

Text-only version

The text-only version of the brochure allows providers to view the contents of the brochure without any graphics. The text-only version of the brochure is particularly useful for users who:

- Have Microsoft Internet Explorer or Netscape Navigator Internet browsers 3.0 and lower.

A brochure, titled “Wisconsin Medicaid and BadgerCare HMO Ombuds,” is available for Medicaid and BadgerCare HMO enrollees.

- Have slower computers or slow connection speeds (i.e., 14.4K modems).
- Require “readers” (for the visually impaired).

How to contact the Ombudsmen

If enrollees have questions or concerns, providers may direct them to contact the Ombuds by:

- *Telephone* at (800) 760-0001, Monday through Friday, from 8:00 a.m. to 4:30 p.m. (hearing-impaired and translation services available).
- *Mail*:
 Medicaid and BadgerCare HMO
 Ombudsmen
 P.O. Box 6470
 Madison, WI 53716-0470

Other resources for HMO enrollees and providers

It is not appropriate to direct enrollees to the HMO Ombuds for *all* questions and concerns. Attachment 2 is a list of resources and telephone numbers that may be useful to enrollees and providers.

This *Update* article contains Medicaid HMO or managed care information and applies to providers of services to recipients in Medicaid HMOs or managed care organizations only. For Medicaid fee-for-service policy, contact Provider Services. Wisconsin Medicaid and BadgerCare HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. ✦

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Wisconsin Medicaid and BadgerCare HMO Ombuds brochure

(A copy of the brochure is located on the next two pages.)

Welcome to the Medicaid and BadgerCare HMO Program

By now you have chosen your Medicaid or BadgerCare HMO and primary doctor. We hope you are happy with the care you are receiving.

But what if you have problems or questions about the quality of care you and your family are getting? Who do you talk to? What can be done? When can you get help? How do you get help?

The Ombuds will answer your questions and look into your complaints about access to good medical care. Call or write them today.

Contact Medicaid and BadgerCare Ombuds



Call

Monday through Friday
8 a.m. to 4:30 p.m.
1-800-760-0001 (TTY and
translation services available)



Write

Medicaid and BadgerCare
HMO Ombudsmen
P.O. Box 6470
Madison, WI 53716-0470

Wisconsin Department of Health and Family Services
Division of Health Care Financing
Bureau of Managed Health Care Programs
PHC 12002 (08/01)

Wisconsin
Medicaid and BadgerCare

HMO Ombuds

Working together...
for a healthier you



Medicaid and BadgerCare
HMO Program

Ombuds

Who are the Ombudsmen?

If you have questions or concerns about your Wisconsin Medicaid or BadgerCare HMO, the Ombudsmen (pronounced “Ombudz-men”) or Ombuds may be able to help you.

What do the Ombuds do?

- Research and resolve enrollee grievances about the care or services provided by Medicaid and BadgerCare HMOs.
- Help Medicaid and BadgerCare HMO enrollees with grievances, whether informal (telephone calls) or formal (written).
- Help Medicaid and BadgerCare HMO enrollees understand their rights and responsibilities.
- Represent enrollee rights with Medicaid and BadgerCare HMOs.
- Are a fair and impartial go-between.

When would you contact the Ombuds?

As a Medicaid or BadgerCare HMO enrollee, you may call the Ombuds anytime during your HMO enrollment.

Why would you call the Ombuds?

- Your Medicaid or BadgerCare HMO is billing you for services during the time of enrollment.
- You are unsure of your rights as an enrollee.
- You are unable to get a Medicaid-covered service from your HMO.
- Your HMO has denied, reduced, or stopped Medicaid-covered services.
- You feel you were treated unfairly or disrespectfully.

Medicaid and BadgerCare HMO enrollees have the right to:

- Voice complaints.
- Be treated with respect and dignity.
- Be treated fairly and impartially.
- Interpreter services during a hearing with the state or the HMO.

How do you file a grievance?

- Call us at 1-800-760-0001, and ask to speak with an Ombud.
- Write a letter to the Ombuds explaining your problem and send it to:

Medicaid and BadgerCare
HMO Ombudsmen
P.O. Box 6470
Madison, WI 53716-0470



Remember: Your health care benefits will not be affected because you file a grievance. All information will be kept confidential.

ATTACHMENT 2

Who to Call for the Wisconsin Medicaid and BadgerCare HMO Program

(A copy of the Who to Call for the Wisconsin Medicaid and BadgerCare
HMO Program is located on the following pages.)

Who to Call for the Wisconsin Medicaid and BadgerCare HMO Program

HMO Enrollment Specialist:	(800) 291-2002
HMO Contract Monitors:	(800) 760-0001
HMO Ombudsmen:	(800) 760-0001
Medicaid and BadgerCare HMOs:	Telephone numbers are located on reverse side
Recipient Services:	(800) 362-3002 or (608) 221-5720
Provider Services:	(800) 947-9627 or (608) 221-9883
Automated Voice Response System:	(608) 221-4247 or 1-800-947-3544

Questions on ...

Please call:

Bills and Billing

HMO enrollees	Medicaid and BadgerCare HMO
Other recipients	Recipient Services
Providers - HMO related	Medicaid and BadgerCare HMO or HMO Contract Monitors
Providers - Non-HMO related	Provider Services

Change of address - recipients County/Tribal Human or Social Service Agency

Commercial Insurance or Primary Insurance Problems

HMO enrollees	Enrollment Specialist
Other Recipients	Recipient Services
Providers - HMO related	Medicaid and BadgerCare HMO or HMO Contract Monitors
Providers - Non-HMO related	Provider Services

Complaints and Grievances

HMO enrollees	Medicaid and BadgerCare HMO, Enrollment Specialist, or HMO Ombudsmen
Providers	Medicaid and BadgerCare HMO

Eligibility

Grievances.	County/Tribal Human or Social Service Agency or Recipient Services
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Eligibility Questions

Providers	Automated Voice Response System or Provider Services
Medicaid and BadgerCare recipients	County/Tribal Human or Social Service Agency or Recipient Services

Emergency Care for HMO Enrollees Medicaid and BadgerCare HMO

Enrollment in HMOs HMO Enrollment Specialist

Exemption from HMO enrollment HMO Enrollment Specialist

HMO Extraordinary Provider Claims HMO Contract Monitors

Lost Medicaid and BadgerCare Forward Cards Recipient Services

Provider Appeals. HMO Contract Monitors

Transportation - common carrier

HMO enrollees	Medicaid and BadgerCare HMO or County/Tribal Human or Social Service Agency
Other recipients	County/Tribal Human or Social Service Agency

What services are covered under HMOs

HMO enrollees	Medicaid and BadgerCare HMO or Enrollment Specialist
Providers	Medicaid and BadgerCare HMO or HMO Contract Monitors

Where to go for services

HMO enrollees	Medicaid and BadgerCare HMO
Other recipients.	Recipient Services

Medicaid and BadgerCare HMO	Customer or Member Services	General Information
Atrium Health Plan	1-888-203-7771 or (715) 552-4300	1-888-203-7771
Dean Health Plan	1-800-279-1301 or (608) 828-1301	(608) 836-1400
Greater La Crosse Health Plans	1-800-545-8499 or (608) 783-9507	(608) 781-9692
Group Health of Eau Claire	1-888-203-7770 or (715) 552-4300	1-888-203-7770
Group Health of South Central WI	(608) 251-3356	(608) 251-4156
Managed Health Services	1-888-713-6180 or (414) 345-4646	(414) 345-4600
MercyCare Health Plans	1-800-895-2421	1-800-752-3431
Network Health Plan	1-888-713-6180 or (414) 345-4646	(414) 345-4600
Security Health Plan	1-800-791-3044 or (715) 221-9797	1-800-791-3044
Touchpoint Health Plan	1-800-757-1950 or (920) 831-1950	(920) 735-6300
UnitedHealthcare (PrimeCare)	1-800-504-9660	(414) 443-4000
Unity Health Plans	1-800-362-3310 or (608) 643-2491	(608) 643-2491
Valley Health Plan	1-800-472-5411 or (715) 836-1254	(715) 832-3235